



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Olympia, Washington 98504*

February 26, 2015

CERTIFIED MAIL #7009 0960 0000 5565 0482

Aaron Dunyon, Administrator  
Pacific Care and Rehabilitation  
3035 Cherry Street  
Hoquiam, Washington 98550

RE: DOR #15-33

Dear Mr. Dunyon:

Enclosed is Renovation Authorization (RA) #082 issued to Hoquiam Healthcare, Inc. approving the renovation of Pacific Care and Rehabilitation located in Hoquiam, within Grays Harbor County. At project completion, Pacific Care and Rehabilitation will continue to have a maximum of 109 skilled nursing beds as noted on the certificate.

Renovation Authorization #082 is valid for two years. The project must begin during this time. If there is substantial and continuing progress, we may extend the authorization for one six month period. For an extension, you must submit an extension request at least 120 days before the expiration date. You cannot begin a project after the expiration date.

This decision may be appealed. The appeal option is listed below.

Appeal Option:

You or any person with standing may request an adjudicative proceeding to contest this decision within 28 calendar days from the date of this letter. The notice of appeal must be filed according to the provisions of Revised Code of Washington 34.05 and Washington Administrative Code 246-310-610. A request for an adjudicative proceeding must be received within the 28 days at one of the following addresses:

Mailing Address:  
Adjudicative Service Unit  
Mail Stop 47879  
Olympia, WA 98504-7879

Physical Address  
Adjudicative Service Unit  
111 Israel Road SE, Building 6  
Tumwater, WA 98501

Aaron Dunyon, Administrator  
Pacific Care and Rehabilitation  
DOR #15-33  
February 26, 2015  
Page 2 of 2

We monitor projects until completed or the expiration date, whichever occurs last. We do this with quarterly progress reports. At least 30 days before the report's due date, you will receive a form to complete and return. If you have any questions, please contact me at (360) 236-2955.

Sincerely,



Janis Sigman, Manager  
Certificate of Need Program  
Community Health Systems

Enclosure



In accordance with RCW 70.38 and implementing rules and regulations, issuance of this Certificate does not constitute approval under any other local, federal or state statute, implementing rules and regulations. Examples where additional approval may be necessary include, but are not limited to, construction plan approval through the Construction Review Unit of the Department of Health, facility licensing/certification through the Department of Social and Health Services or Department of Health, and other federal or local jurisdiction permits.

**Renovation Authorization #082 is issued to:**

**Existing Licensee:** Hoquiam Healthcare, Inc.  
**Current Facility Name:** Pacific Care and Rehabilitation  
**Current Facility Address:** 3030 Cherry Street  
Hoquiam, Washington 98550  
**Current County Location:** Grays Harbor  
**Current Number of Licensed Beds:** 109 licensed and zero banked

**Renovation Facility Information**

**Renovation Facility Licensee:** Hoquiam Healthcare, Inc.  
**Renovation Facility Name:** Pacific Care and Rehabilitation  
**Renovation Facility Address:** 3030 Cherry Street  
Hoquiam, Washington 98550  
**Renovation Facility County Location:** Grays Harbor  
**Renovation Facility Number of Beds:** 109  
**Capital Expenditure of Project:** \$1,300,000

**Project Description**

This Renovation Authorization approves the renovation of Pacific Care and Rehabilitation, a 109-bed Medicare and Medicaid certified nursing home at its current site in Hoquiam, within Grays Harbor County. The estimated cost of the project is \$1,300,000.

**Conditions:**

1. Approval of the project description as stated above. Hoquiam Healthcare, Inc. further agrees that any change to the project as described in the project description is a new project that requires a new Renovation or Replacement Authorization.
2. Once operational, the renovated nursing home will participate in both the Medicare and Medicaid programs.

This Renovation Authorization is effective from February 26, 2015, through February 26, 2017, unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

**Date Issued:** February 26, 2015

  
Janis Sigman

Manager, Certificate of Need Program  
Community Health Systems

**This Renovation Authorization is not transferable.**